

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004599

1. Entity Name

THE VILLAGE OF WHITE CLIFFS OWNERS' ASSOCIATION.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90124 042 ****61.25

Principal Place of Business

Mailing Address

90 WHITE CLIFFS BLVD
SANTA ROSA BEACH FL 32459
US

90 WHITE CLIFFS BLVD
SANTA ROSA BEACH FL 32459-4577
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3212768

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORRIS, GENE
3877 INDIAN TRAIL
DESTIN FL 32541

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME HAYNES, RUSSELL N
STREET ADDRESS 3529 MILL RUN CIRCLE
CITY-ST-ZIP BIRMINGHAM AL 35223

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME FORD, JAMES
STREET ADDRESS 3829 NORTH STRATFORD RD.
CITY-ST-ZIP ATLANTA GA 30342

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS ☐ Delete
NAME FITZGERALD, ROBERT
STREET ADDRESS 25 HAMPTON WAY
CITY-ST-ZIP DOTHAN AL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT ☐ Delete
NAME MARINO, DON
STREET ADDRESS 4322 OLD BROOK TRAIL
CITY-ST-ZIP BIRMINGHAM AL 35243

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KOERNER, NORMAN
STREET ADDRESS P O BOX 11189 N/A
CITY-ST-ZIP SPRING TX

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)